

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/606571

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	minus 20 =	*	
INDEPENDENT CLAIMS	minus 3 =	*	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY	
	RATE	FEES
BASIC FEE	375.00	
OR	BASIC FEE	750.00
X\$ 9 =		
OR	X\$ 18 =	
X42 =		
OR	X84 =	
+140 =		
OR	+280 =	
TOTAL		OR TOTAL

8-5-05 CLAIMS AS AMENDED - PART II

AMENDMENT A			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	• 16	Minus	• 26	=	
Independent	• 2	Minus	• 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY	OTHER THAN OR SMALL ENTITY	
	RATE	ADDI- TIONAL FEE
X\$ 9 =		
OR	X\$ 18 =	
X42 =		
OR	X84 =	
+140 =		
OR	+280 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT B			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	• 16	Minus	• 26	= 0	
Independent	• 2	Minus	• 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

AMENDMENT B			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	• 16	Minus	• 26	= 0	
Independent	• 2	Minus	• 3	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

AMENDMENT C			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	• 12	Minus	• 26	=	
Independent	• 2	Minus	• 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

AMENDMENT C			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	• 12	Minus	• 26	=	
Independent	• 2	Minus	• 3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.